

DATA PROCESSED

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ALABAMA UNIFORM INCIDENT/OFFENSE REPORT

#8850

06AUG 2006

VICTIM SSN		COMPLAINANT SSN		1 INCIDENT <input type="checkbox"/> OFFENSE <input type="checkbox"/> SUPPLEMENT <input type="checkbox"/>		2 CASE #		3 SFX	
4 ORI # 003.0100		5 DATE AND TIME OF THIS REPORT 08/16/06		6 AGENCY NAME Montgomery Police Department		7 IF BUREAU INCIDENT OFFENSE DATE		8 PHONE	
9 REPORTED BY		10 VICTIM OR		11 ADDRESS (STREET, CITY, STATE, ZIP)		12 PHONE		13	
14 VICTIM (LAST, FIRST, MIDDLE NAME) Campbell, B. Ellis		15 ADDRESS (STREET, CITY, STATE, ZIP) 4933 Park Towne Way #17 Montgomery AL 36116		16 PHONE (334) no phone		17 EMPLOYER/SCHOOL Campbell Tax Svc		18 OCCUPATION owner	
19 ADDRESS (STREET, CITY, STATE, ZIP) 2921 Multi Ln #B Montgomery AL 36116		20 PHONE (334) 288-8958		21 RESIDENT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		22 INJURY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		23 RACE <input type="checkbox"/> W <input checked="" type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> H <input type="checkbox"/> O	
24 SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE		25 HGT 6'3"		26 WGT 260		27 DOB 08/24/68		28 AGE 37	
29 WAS OFFENDER KNOWN TO VICTIM? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		30 TYPE INCIDENT OR OFFENSE Burglary		31 DEGREE (CIRCLE) 1 2 3		32 UCR CODE		33 STATE/LOCAL ORDINANCE 04C(04)	
34 TYPE INCIDENT OR OFFENSE		35 DEGREE (CIRCLE) 1 2 3		36 UCR CODE		37 STATE/LOCAL ORDINANCE		38 SECTOR	
39 PLACE OF OCCURRENCE 4933 Park Towne Way #17 Montgomery AL 36116 (Olympia Heights)		40 POINT OF ENTRY <input checked="" type="checkbox"/> DOOR <input type="checkbox"/> WINDOW <input type="checkbox"/> OTHER		41 METHOD OF ENTRY <input type="checkbox"/> FORCIBLE <input checked="" type="checkbox"/> NO FORCE		42 ASSAULT <input type="checkbox"/> SIMPLE <input checked="" type="checkbox"/> AGGR.		43 TREATMENT FOR ASSAULT INJURY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
44 OCCURRED ON OR BETWEEN 08/15/06 2200		45 TIME 08/16/06 0200		46 LIGHTING <input type="checkbox"/> NATURAL <input checked="" type="checkbox"/> MOON <input type="checkbox"/> ART. EXT. <input type="checkbox"/> ART. INT. <input type="checkbox"/> UNK.		47 WEATHER <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY <input type="checkbox"/> RAIN <input type="checkbox"/> FOG <input type="checkbox"/> SNOW <input type="checkbox"/> HAIL <input type="checkbox"/> UNK.		48 PREMISE <input type="checkbox"/> HWY. - ST. - ALLEY <input type="checkbox"/> RAILROAD <input type="checkbox"/> RESIDENCE <input type="checkbox"/> CHURCH <input type="checkbox"/> SCHOOL <input type="checkbox"/> CONVENIENCE <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> SERVICE STA.	
49 VERIFY FOR RAPE EXAM <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		50 TREAT. FOR RAPE INJURY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		51 CIRCUMSTANCES HOMOCIDE & ASSAULT		52 CODE		53 LOCATION: RAPE	
54 WEAPON USED <input type="checkbox"/> FIREARM <input checked="" type="checkbox"/> KNIFE		55 HANDS, FISTS, VOICE, ETC. <input checked="" type="checkbox"/> OTHER DANGEROUS		56 DESCRIPTION OF WEAPONS/FIREARMS/TOOLS USED IN OFFENSE DESCRIBE: UNKNOWN		57 HANDGUN <input type="checkbox"/> RIFLE <input type="checkbox"/> SHOTGUN <input checked="" type="checkbox"/> UNKNOWN		58	
59 QUANTITY 1		60 STOLEN, RECOVERED, LOST, FOUND, OR DESTROYED (INCLUDE MAKE, MODEL, SIZE, TYPE, SERIAL NUMBER, COLOR, ETC.) Compag laptop SN: unknown		61 DOLLAR VALUE 700.00		62 DAMAGED		63 RECOVERED	
64 MOTOR VEHICLE		65 CURRENCY, NOTES		66 JEWELRY		67 CLOTHING/FURS		68 FIREARMS	
69 ELECTRONICS 700.00		70 HOUSEHOLD		71 CONSUMABLE GOODS		72 LIVESTOCK		73 MISCELLANEOUS	
74 CHECK CATEGORIES <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> SUSPECTS VEH. <input type="checkbox"/> VICTIMS VEH. <input type="checkbox"/> UNAUTH. USE <input type="checkbox"/> ABANDONED		75 # STOLEN		76 LIC		77 LIS		78 LJY	
79 TAG COLOR		80 VIN		81 VYR		82 VMA		83 VMO	
84 VST		85 VCO: TOP: BOTTOM:		86 ADDITIONAL DESCRIPTION		87 STOLEN MTR. VEH. ONLY		88 AREA STOLEN <input type="checkbox"/> BUS. <input type="checkbox"/> RES. <input type="checkbox"/> RUR.	
89 OWNERSHIP VERIFIED BY: <input type="checkbox"/> TAG RECEIPT <input type="checkbox"/> BILL OF SALE <input type="checkbox"/> TITLE <input type="checkbox"/> OTHER		90 WARRANT SIGNED		91 AUTO INSURER NAME (COMPANY) ADDRESS (STREET, CITY, STATE, ZIP)		92 PHONE		93 STOLEN IN YOUR JURISDICTION? <input type="checkbox"/> WHERE?	
94 RECOVERED IN YOUR JURISDICTION? <input type="checkbox"/> WHERE?		95		96		97		98	

TYPE OR PRINT IN BLACK INK 893

ACJIC-32 REV 7-04

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019509

INCIDENT/OFFENSE REPORT CONTINUED		98 DATE AND TIME OF REPORT		99 AM 100 PM 101 MIL		96 CASE #		97 SFX		98		101 OFFENDER SUSPECT 102 MISSING PERSON		103 CHECK IF MULTIPLE	
99 NAME (LAST, FIRST, MIDDLE)				100 NICKNAME/ALIAS				101 RACE 102 W 103 A 104 H 105 B 106 I 107 O		102 SEX 103 MALE 104 FEMALE		103 DOB 104 M 105 D 106 Y		104 AGE	
105 ADDRESS (STREET, CITY, STATE, ZIP)				106 HGT		107 WGT		108 EYE		109 HAIR		110 COMPLEXION			
111 PROBABLE DESTINATION				112 ARMED? 113 Y 114 N 115 UNK.				113 WEAPON							
114 CLOTHING				115 SCARS 116 MARKS 117 TATTOOS				118 ARRESTED 119 WANTED							
116 NAME (LAST, FIRST, MIDDLE)				117 NICKNAME/ALIAS				118 RACE 119 W 120 A 121 H 122 B 123 I 124 O		119 SEX 120 MALE 121 FEMALE		120 DOB 121 M 122 D 123 Y		121 AGE	
122 ADDRESS (STREET, CITY, STATE, ZIP)				123 HGT		124 WGT		125 EYE		126 HAIR		127 COMPLEXION			
128 PROBABLE DESTINATION				129 ARMED? 130 Y 131 N 132 UNK.				130 WEAPON							
131 CLOTHING				132 SCARS 133 MARKS 134 TATTOOS				135 ARRESTED 136 WANTED							
133 NAME (LAST, FIRST, MIDDLE) SEX, RACE, DOB				134 ADDRESS (STREET, CITY, STATE, ZIP)				135 RES. PHONE () ()		136 BUS. PHONE () ()					
WITNESSES	133 NAME (LAST, FIRST, MIDDLE)		SEX 134 M 135 F		136 W 137 A 138 H 139 B 140 I 141 O		135 RES. PHONE () ()		136 BUS. PHONE () ()						
	133 NAME (LAST, FIRST, MIDDLE)		SEX 134 M 135 F		136 W 137 A 138 H 139 B 140 I 141 O		135 RES. PHONE () ()		136 BUS. PHONE () ()						
	133 NAME (LAST, FIRST, MIDDLE)		SEX 134 M 135 F		136 W 137 A 138 H 139 B 140 I 141 O		135 RES. PHONE () ()		136 BUS. PHONE () ()						
	133 NAME (LAST, FIRST, MIDDLE)		SEX 134 M 135 F		136 W 137 A 138 H 139 B 140 I 141 O		135 RES. PHONE () ()		136 BUS. PHONE () ()						
WITNESS #1 SSN		WITNESS #2 SSN		WITNESS #3 SSN		WITNESS #4 SSN									
NARRATIVE	137 The victim stated between the listed date(s) and time(s) some unknown subject(s) entered his residence with no force and stole the listed item. The victim advised the subject(s) left documentation related to an ongoing court case in the laptop case. The victim advised he would prosecute. There was no usable physical evidence collected. Units #331 and #447 were notified.														
Additional Charge: Theft of Property 2nd															
ASSISTING AGENCY ORI															
CONTINUED ON SUPPLEMENT? 138 Y 139 N															
ASSISTING AGENCY CASE #															
I hereby affirm that I have read this report and that all information given by me is correct to the best of my knowledge. I will assume full responsibility for notifying this agency if any stolen property or missing person hereby reported is returned.															
SIGNATURE															
138 LOCAL USE															
139 STATE USE															
MULTIPLE CASES CLOSED		140 CASE #		141 SFX		142 CASE #		143 SFX		144 CASE #		145 SFX		146 ADDITIONAL CASES CLOSED 147 NARRATIVE 148 Y 149 N	
147 CASE STATUS 148 PENDING 149 INACTIVE 150 CLOSED		148 CASE DISPOSITION 149 CLEARED BY ARREST (JUV.) 150 CLEARED BY ARREST (ADULT) 151 UNFOUNDED 152 ADM. CLEARED		149 EXCEPTIONAL CLEARANCE: 150 SUSPECT/OFFENDER DEAD 151 OTHER PROSECUTION 152 EXTRADITION DENIED 153 LACK OF PROSECUTION 154 JUVENILE, NO REFERRAL 155 DEATH OF VICTIM		149 REPORTING OFFICER 150 ASSISTING OFFICER		151 SUPERVISOR APPROVAL		152 WATCH CMDR		153 ID #		154 ID #	
ENTERED AGENCY DATE						CL Bickley		CC 229		K. Bickley		397			

SOCIAL SECURITY ADMINISTRATION

Date: August 3, 2006
Claim Number: 419-19-6605A
419-19-6605DI

BORRAH E CAMPBELL II
38 FAIRLANE DR
MONTGOMERY AL 36106-3517

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2005, the full monthly
Social Security benefit before any deductions is.....\$ 1618.80

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 1618.00
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

Information About Supplemental Security Income Payments

Beginning June 2005, the current
Supplemental Security Income payment is.....\$ 0.00

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments are paid in March.)

SOCIAL SECURITY ADMINISTRATION
2450 PRESIDENTS DRIVE
MONTGOMERY, AL 36116-1616

Payments were stopped beginning June 2006.

If You Have Any Questions

If you have any questions, you may call us at 1-800-772-1213, or call your local Social Security office at 334-223-7183. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
2450 PRESIDENTS DRIVE
MONTGOMERY, AL 36116

If you do call or visit an office, please have this letter with you. It will help us answer your questions.

SOCIAL SECURITY ADMINISTRATION
2450 PRESIDENTS DRIVE
MONTGOMERY, AL 36116-1616

OFFICE MANAGER

SOCIAL SECURITY ADMINISTRATION
This is an official verification of
Social Security and/or SSI benefits

Signature

Date

[Handwritten Signature] 8/5/06

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

UNITED PARCEL SERV.
55 Glenlake NE
Atlanta, Ga 30328

2. Article Number

(Transfer from service label)

ED547231734 US

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

LET The record show that I also
submitted a request to corporate Headquarters
for my retirement after I was placed on
disability. This request was denied.

[Signature] 9-21-06